

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

• PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04042 (2)**
1. Corporation Name
MEDFIELD RESIDENTIAL TREATMENT CENTER, INC.



Principal Place of Business: **12895 SEMINOLE BLVD. LARGO FL 34648**
Mailing Address: **3060 WILLIAMS DR. FAIRFAX VA 22031**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State, Apt. #, etc.	26. 2700 Colorado Avenue	07/21/1989	04/27/1995
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Santa Monica, CA	59-2965964	Not Applicable
24. Country	29. 90404	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country	30. U.S.A.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
		81. Name 300001718493	
		82. Street Address (P.O. Box, etc.) 300001718493	
		83. City FL 85. Zip Code	

11. Pursuant to the provisions of Sections 607.0402 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	P <input checked="" type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	FOCHT, MICHAEL H SR	12. NAME	
13. STREET ADDRESS	2700 COLORADO AVE.	13. STREET ADDRESS	
14. CITY-STATE-ZIP	SANTA MONICA CA 90404	14. CITY-STATE-ZIP	
15. TITLE	V <input checked="" type="checkbox"/> DELETE	15. TITLE	Vice Pres. & Asst. Secty. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
16. NAME	ANDERSONS, MARIS	16. NAME	Christi R. Sulzbach
17. STREET ADDRESS	2700 COLORADO AVE	17. STREET ADDRESS	2700 Colorado Avenue
18. CITY-STATE-ZIP	SANTA MONICA CA 90404	18. CITY-STATE-ZIP	Santa Monica, CA 90404
19. TITLE	VSD <input type="checkbox"/> DELETE	19. TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
20. NAME	BROWN, SCOTT M	20. NAME	Scott M. Brown
21. STREET ADDRESS	2700 COLORADO AVE.	21. STREET ADDRESS	2700 Colorado Avenue
22. CITY-STATE-ZIP	SANTA MONICA CA 90404	22. CITY-STATE-ZIP	Santa Monica, CA 90404
23. TITLE	CFO <input checked="" type="checkbox"/> DELETE	23. TITLE	Vice Pres. & Asst. Secty. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
24. NAME	MATHIASSEN, RAYMOND L	24. NAME	David W. Layne
25. STREET ADDRESS	2700 COLORADO AVE.	25. STREET ADDRESS	2700 Colorado Avenue
26. CITY-STATE-ZIP	SANTA MONICA CA 90404	26. CITY-STATE-ZIP	Santa Monica, CA 90404
27. TITLE	AS <input checked="" type="checkbox"/> DELETE	27. TITLE	Asst. Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
28. NAME	SILVER, RICHARD B	28. NAME	Lawrence G. Hixon
29. STREET ADDRESS	2700 COLORADO AVE	29. STREET ADDRESS	2700 Clorodo Avenue
30. CITY-STATE-ZIP	SANTA MONICA CA 90404	30. CITY-STATE-ZIP	Santa Monica, CA 90404
31. TITLE	AT <input type="checkbox"/> DELETE	31. TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	MCMULLEN, TERENCE P	32. NAME	Terence P. McMullen
33. STREET ADDRESS	2700 COLORADO AVENUE	33. STREET ADDRESS	2700 Colorado Avenue
34. CITY-STATE-ZIP	SANTA MONICA CA 90404	34. CITY-STATE-ZIP	Santa Monica, CA 90404

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Scott M Brown Scott M. Brown 2/12/96 (310) 998-8427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year) Phone Number

CR2E034 (12/95)

CMC
2/19/96